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File with:

lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Reset Form

RECEIVED JAN 17 2008

FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organi	zation)	
BERR FOR Supervisor	, ·	FORM
IMPORTANT: Indicate by # type of committee you are reporting for:	6.	DR-2 DISCLOSURE
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2): (4) County Central Committee (5) County Candidate (6) City Candidate	le (7) School Board or Other Delitions	(Rev. 07/2007) REPORT
Subdivision Candidate (8) County PAC (9) City PAC (10) School Boot 11) Local Ballot Issue	ard or Other Political Subdivision PAC (For Office Use Only
CANDIDATE COMMITTEES ONLY:		Comm. #
Candidate Name	Political Party (if applicable)	Logged in
Ed DEAR	and the state of t	Scanned
Office Sought	District (if Senate or House)	Audited
Office Sought Supervisor		
Late reports are subject to possible civil and criminal penalties. Pursu		nd 68A.401(3), the candidate, for a
Naw 11 relians	641-939-7600	1/10/08
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	DATE SIGNED
IAM FILING A JANUARY 19- BOCS	REPORT FOR (1) ELECTION /(2)N	ON-ELECTION YEAR.
(report date)	Indicate by # 2	
CHECK IF AMENDMENT TO REPORT DATED	Local	Committees, enter Date of Election
Chook if this is final (homeinstian) and a duty to the transfer		
Check if this is final (termination) report and attach Notice of D (You must continue to file reports until a DR-3 is filed.)	Coun	y & Local Committees, enter County in
	which	Election is held
CTATEMENT OF CACH ON MAND		
STATEMENT OF CASH ON HAND		
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the case	h on hand at the end	592 ⁶⁹
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CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the cas of the last reporting period or must be zero if this is first ADD TOTAL MONEY TAKEN IN THIS PERIOD	h on hand at the end report filed.)	
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COMMITTEE	NAME(Must be same as on Statement of Organi	zation)			Reset Form	V	LOANS RECEIVED & REPAID
NOTE: This schedule reports money loaned to the committee which is deposited in the committee act TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 5,500			count.		CHECK THIS BOX IF AMENDING FORM		
(Orig	IETARY LOANS RECEIVED THIS REPORTING intel source of loan, such as a bank, must be shived. Include loans from candidate's personal fu	own if a third party is			ONETARY LOAN REPAYMENTS MADE THIS ans forgiven must be reported on Schedule E-		
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN	DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	
			\$	1/11/07	Hardin County Swings		89265
			:	1/16/07	Hadin County Savery	p	46273
					200 ues for recording/releasing		
	TOTAL (PART I)	\$			TOTAL CASH REPAYMENTS (PAR	Ct	. /:
					From Schedule E TOTAL LOANS FORGIVE		3 4627.
making a contril consanguinity (t the same as car	requires candidate committees to disclose the pution to the committee. Relationship must be solved relatives and affinity (relatives by marriage and date, but there is no familial relationship, entermined the putionship.	hown to the third deg e). If surname of con	ree of tributor is	IOIALO	UTSTANDING LOANS END OF REPORT PE	\$ <u> </u>	

(for Schedule F)

FOR INSTRUCTIONS, SEE BACK OF FORM							
COMMITTE	E NAME (Must be same as on Statement of Org	SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS				
Bear for Supervisor Reset Form					CHECK THIS BOX IF AMENDING FORM		
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE	DESCRIPTION OF IN KIND	ESTIMATED FAIR MARKET	√ IF FOR FUND-RAISER		
1/16/2007	Ed Bear	* (if applicable) Self	Forgiven Loan	\$ 4,627.31	CONTRIBUTION		

	·						

				\$			
TOTAL (if last							
			page of this schedule)	4,627.31			

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)